

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101584,249

FILING DATE

6-23-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		1				
7		0				
8		0				
9		1				
10		0				
11		0				
12		0				
13		0				
14		1				
15		0				
16		0				
17		0				
18		0				
19	1					
20	1					
21		0				
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	21	←		←		←
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						